

EXHIBIT 12

To : Embassy of United Arab Emirates



Patient Name:		30%		
Letter of Guarantee:	Reference # 022000	Charges	Discount	Total
Account Number:	Date(s) of Hospitalization:			
10050792491	2/12/2016	\$ 1,488.00	\$ 446.40	\$ 1,041.60
10050778408	2/15 to 2/29/2016	\$ 31,408.25	\$ 9,422.48	\$ 21,985.78
10050798458	2/22/2016	\$ 5,280.61	\$ 1,584.18	\$ 3,696.43
10050798215	2/23 to 2/29/2016	\$ 61,211.00	\$ 18,363.30	\$ 42,847.70
Total Charges for St. Luke's Hospital		\$ 99,387.86	\$ 29,816.36	\$ 69,571.50

(NOTE: discount agreement w / hospital only)

Physicians (some Physicians/ providers may choose to bill separately - will note below):

Luis H Camacho, MD	\$ 500.00	\$ 0.00	\$ 500.00
Singleton Associates	\$ 895.00	\$ 179.00	\$ 716.00
MH Radiation Oncology	\$ 2,156.00	\$ 0.00	\$ 2,156.00
Pet Imaging of Houston	\$ 5,400.00	\$ 0.00	\$ 5,400.00
Total Charges for Physicians/Providers:	\$ 8,951.00	\$ 179.00	\$ 8,772.00
GRAND TOTAL:	\$ 108,338.86	\$ 29,995.36	\$ 78,343.50

SUMMARY:

SLEH HOSPITAL	\$ 69,571.50
PROVIDERS/PHYSICIANS	\$ 8,772.00
TOTAL	\$ 78,343.50

Please ensure all payments are done in accordance to what is referenced above

Please make check payable to CHI St. Luke's Health Baylor and mail to address noted below. Checks can also be prepared separately (hospital/physicians) and mailed to St. Luke's International Center, where they will personally be hand delivered for expedite process. If you have already paid the Physicians bills please disregard above notice.

CHI St.Luke's Health Baylor College of Medicine Medical Center

P.O. Box 4335

Houston, TX 77210-4335